

# REQUEST FOR TRAINING ORDERS

COMNAVRESFORINST 1571.7G

PRIVACY ACT STATEMENT: The authority to request this information is contained in 5 U.S.C. 301 departmental regulations. The principle purpose is to enable you to make known your desire for training duty. The information will be used to assist in determining your eligibility for, and approving or disapproving the training duty being requested. Completion of the form is voluntary, however, failure to provide the required information may result in delays, response to, or disapproval of your request.

1. SSN		2. GRADE		3. NAME (LAST, FIRST, MIDDLE)	
4. DESIG/NEC:		5. SEX:		6. WORK PHONE: (    )	
7. HOME PHONE: (    )					
8. HOME ADDRESS:					
9. TYPE: <input type="checkbox"/> AT <input type="checkbox"/> IDTT <input type="checkbox"/> ADT <input type="checkbox"/> GROUP <input type="checkbox"/> IADT <input type="checkbox"/> INVOL <input type="checkbox"/> NON-PAY <input type="checkbox"/> MOD <input type="checkbox"/> BACK-TO-BACK					
10. A. REPORT DATE: _____ TIME: _____		B. NUMBER DAYS: AT ____ ADT ____ IDTT DAYS: B _____ A _____		C. DESTINATION LOCATION _____ UIC _____ COURSE: CDP _____ /CIN _____ COURSE NAME: _____	
11. DESTINATION COMMAND CONTACTED: YES <input type="checkbox"/> NO <input type="checkbox"/> POC (w/ PH NO.) (    )					
12. TRAVEL ITINERARY: DESIRED DEPARTURE: DATE: _____ TIME: NET _____ NLT _____  AIRPORT: DEP _____ ARR _____  FOR AFLOAT: EMBARK: _____ DEBARK: _____			13. TYPE TRAVEL <input type="checkbox"/> CONUS <input type="checkbox"/> OUTCONUS <input type="checkbox"/> NATO		
			1. <input type="checkbox"/> GTR Directed/Arranged by NAVPTO/NOLA Commercial travel will be arranged and furnished by NAVPTO NOLA unless one of the following options is justified and approved in Block 14 per COMNAVRESFORINST 1571.7G 2. <input type="checkbox"/> Govt. Transportation Directed /(Airlift/NALO) 3. <input type="checkbox"/> POV Authorized As Most Advantageous To The Government 4. <input type="checkbox"/> POV Authorized Not To Exceed GTR (One-Way Distance = _____Miles) 5. <input type="checkbox"/> Transoceanic/International Travel 6. <input type="checkbox"/> Local Commute (One-Way Distance = _____ Miles)		
14. JUSTIFICATION/REMARKS:			YES    NO ----- <b>-OTHER-</b> ----- ----- ----- -----		
			Anti-terrorism Training required w/in 6 months if OUTCONUS? Rental Car Required? Government Quarters Available? Government Meals Available?		
14. JUSTIFICATION/REMARKS:			N/A    CONF    SEC    TS    Security Clearance Level (If clearance is required you MUST completed information in Block 17 below)		
			<b>ESSENTIAL INFORMATION FOR ANY AT REQUIRING A SECURITY CLEARANCE</b>		
			Security Clearance data: Request RESCEN send SEC CLNC data to:		
			a. Name of POC at Gaining Command: _____  b. Comm Phone of POC: (    ) _____ c. Comm Fax No. of POC: (    ) _____		
15. DATE:			16. APPLICANT'S SIGNATURE:		
<b>CERTIFICATION:</b> MEMBER IS FULLY QUALIFIED FOR REQUESTED DUTY AND MEETS THE HIV AND BODY FAT REQUIREMENTS AND ALL PREREQUISITES FOR REQUESTED COURSE.					
17. REPORTING/ADDITIONAL INSTRUCTIONS/TEXT CODE:					
18. APPROVED    DISAPPROVED <input type="checkbox"/> <input type="checkbox"/>		UNIT CO/GCLO/OIC		DATE:	
19. APPROVED    DISAPPROVED <input type="checkbox"/> <input type="checkbox"/>		RESFMS SITE REVIEW (RESCEN)		DATE:	
20. Government Travel Card: (    ) Gov - Travel Card Holder (    ) Not a Gov - Travel Card Holder (    ) Not a Gov - Travel Card Holder and is exempt from the mandatory use.					
TCN: _____ BCN: _____ ESN: _____ PSTS: _____					